

# CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
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16	6					
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50						
TOTAL IND.	3					
TOTAL DEP.	20					
TOTAL CLAIMS	27					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.  FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
8		/				
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<b>TOTAL IND.</b>	<i>28</i>					
<b>TOTAL DEP.</b>	<i>24</i>					
<b>TOTAL CLAIMS</b>	<i>52</i>					

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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53								
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<b>TOTAL IND.</b>								
<b>TOTAL DEP.</b>								
<b>TOTAL CLAIMS</b>								